

HIPAA Business Associate Assessment

Mark "Yes" or "No" for each question Provide requested information.

Name of Organization:

QUESTION:	YES	NO	Please provide additional information - lines 11, 24, and 26 ONLY
1. Do you know where all Protected Health Information is located in your company? (Electronic and Physical)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does your company have a designated Privacy Officer?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Provide the Privacy Officer's Name and Contact Information:</i>			
3. Does your company have a designated Security Officer?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Provide the Security Officer's Name and Contact Information:</i>			
4. Has your company completed an Annual Risk Assessment?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Provide Date Last Risk Assessment was completed:</i>			
5. Has your company created or updated HIPAA Privacy & Security Policies & Procedures since February 2013?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Provide Date of Last Update for Privacy & Security Policies & Procedures:</i>			
6. Have all employees that have access to PHI completed the training on HIPAA Privacy & Security?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have all employees that have access to PHI completed training for your company's HIPAA Policies & Procedures within the last year?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Explain how employees are trained and how you track their completion:</i>			
8. Is your HIPAA Compliance Plan completed and stored in a location where all staff members can find it?	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix 7.7

<i>Provide Date HIPAA Compliance Plan was enacted and where it is located:</i>			
9. Do you have an Agreement with every Business Associate or Subcontractor that may have access to PHI?			
<i>Provide list of Agreements:</i>			
10. Do you currently have Disaster Recovery Plan?			
<i>When did you last update the Plan?</i>			
11. If you have a Disaster Recovery Plan, have you tested it?			
<i>Provide Date Disaster Recovery Plan was last tested:</i>			